

## Emergency Numbers

Name of Business: \_\_\_\_\_

Physical Street Address: \_\_\_\_\_

Ambulance: \_\_\_\_\_

Fire: \_\_\_\_\_

Poison Control: \_\_\_\_\_

Additional Numbers: \_\_\_\_\_

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This form is provided as a technical assistance suggestion only. Providers are not required to use this form.

Emergency Numbers R430-100-10(1)

DOH/BCCL 06/08

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